Docket Number (Optional)

Examiner flavan

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Technology Center 2600

Tota	fforms are submitted.	
en Hour mount (1. DO N	Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case, time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office T SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC	Any comments of a, Washington, D 20231.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

In re Application of

Application Number

Group Art Unit

Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown

The Commissioner is hereby authorized to charge any fees which may be required,

assignee of record of the entire interest. See 37 CFR 3.71.

Registration number if acting under 37 CFR 1.34(a) 4028()

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a

The requested extension and appropriate non-small-entity fee are as follows

above is reduced by one-half, and the resulting fee is: \$ 55

The Commissioner has already been authorized to charge fees in this

or credit any overpayment, to Deposit Account Number 502149

reply in the above identified application.

One month (37 CFR 1.17(a)(1))

Two months (37 CFR 1.17(a)(2))

Three months (37 CFR 1.17(a)(3)) Four months (37 CFR 1.17(a)(4))

Five months (37 CFR 1.17(a)(5))

A check in the amount of the fee is enclosed.

I have enclosed a duplicate copy of this sheet.

attorney or agent of record.

attorney or agent under 37 CFR 1.34(a).

application to a Deposit Account.

I am the ___ applicant/inventor

forms if more than one signature is required, see below.

Burde the a 2023 Payment by credit card. Form PTO-2038 is attached.

(check time period desired):

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01/23/2003 AWDNDAF1 00000082 502149